

# Consumer Council News

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## VA and Homeland Security

**A new VA-HUD appropriations bill (H R 5 6 0 5) would fund four centers at VA hospitals to research and develop responses to biological, chemical or radiological attacks. The research centers would authorize \$100 million over five years. This would in effect draft VA for homeland security duties. Sen. Rockefeller is advocating that the centers receive funding if the legislation is approved.**

## The American Legion speaks Out for Mental Health

On September 10, 2002, Ronald F. Conley, National Commander of The American Legion gave a statement of the legislative priorities of The American Legion before a joint session of the Veterans' Affairs Committees of Congress. This is an excerpt: "The American Legion believes that the primary mission of VHA is to meet the health care needs of American's veterans. Within that overarching umbrella of "veterans" is a special and unique population of veterans- the seriously mentally ill. These veterans' carry their scars on the inside. They have been diagnosed with diseases such as Post-Traumatic Stress Disorder (PTSD), Schizophrenia, Bipolar Disorder, Personality Disorder, and Dementia.



As a member of the Consumer Liaison Council of the Care of Veterans with Serious Mental Illness (SMI), The American Legion supports the findings of the Committee as reported in their Sixth Annual Report (February 5, 2002).

- VHA has not developed sufficient community-based mental health services.
- Since 1996 substance abuse treatment declined 14% and funding for treatment by more than 50%.
- The VERA system underfunds by 15% the cost of mental health treatment.

The American Legion is also very disturbed with the reported continued loss of professional staff (14%) in psychiatric facilities."

## Support for Peer Run Services

As reported in "The Key" (Fall 2002), Self-Help Clearinghouse Newsletter, Joseph Rogers President of the Mental Health Association of Southeastern, PA, gave testimony before The President's new Freedom Commission on Mental Health about consumer-operated services. Consumer-run services fill the gaps in the traditional mental health system. Consumer operated services are successful in increasing the overall quality of life, independence, employment, social supports, and education of consumers. With training and education, people with significant first hand involvement in the mental health system become service providers who are not only grounded in a knowledge base but who have the compassion and understanding natural for someone

who has "been there". Self-determination is the basis of all consumer-run programs.

Dr. Harding, executive director of Boston University's Institute for the Study of Human Resilience, who did a study of persons with mental illness in Vermont and Maine stated "We have very strong data showing that community integration, rehabilitation and self-sufficiency models are far superior to models of medication, entitlements, maintenance and stabilization."

Future research needs to look at key consumer outcomes such as recovery and empowerment along with symptoms reduction and treatment outcomes.

Newsletter sponsored by  
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## What is HIPAA?

HIPAA is the Health Insurance Portability and Accountability Act of 1996. What does it mean for persons treated for mental health problems?

The privacy rule is a set of standards required under this Act and the final regulations take effect April 14, 2003. The federal privacy regulation empowers patients by guaranteeing them access to their medical records, giving them more control over how their protected health information is used and disclosed, and providing a clear avenue of recourse if their medical privacy is compromised. According to Secretary of HHS Tommy Thompson "The rule protects the confidentiality of Americans' medical records without creating new barriers to receiving quality health care"

All persons receiving treatment must give specific authorization before entities covered by this regulation could use or disclose protected information in most non-routine circumstances-such as releasing information to an employer or for use in marketing activities.

Doctors, health plans and other covered entities would be required to follow the rule's standards for the use and disclosure of personal health information. Patients would generally be asked to sign or otherwise acknowledge receipt of the privacy notice from direct treatment providers. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before sending them marketing materials. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs. Patients generally will be able to access their personal medical records and request changes to correct any errors. In addition, patients can request an accounting of non-routine uses and disclosures of their health information. More information is available at <http://www.hhs.gov/ocr/hipaa/>.

## How are you doing? Surveys and Report Cards

There has been a emphasis on getting consumer feedback in the health care industry to find out who is doing a good job and who needs to improve. We have turned to surveying patients as they leave the hospital or go to an outpatient clinic in search of answers. Typical questions ask how long did you wait, were you satisfied with the service you received? The mailed out survey can ask ten or a hundred questions about the care you receive. Veterans with mental health problems have difficulty filling these forms out and families are concerned in VA and the public health system that benefits will be affected by how they answer the questions.

In a recent article "Impact of Modifying Risk Adjustment Models on Rankings of Access to Care in the VA Mental Health Report Card" Psychiatric Services,

September 2002, the interpretation of *report cards* like the one in mental health is that while rank order provides a simple and convenient means by which to compare entities, it can lead to misleading conclusions. It can be like grading on a curve when the difference between two categories is small statistically. This leaves the consumer with data that needs to be interpreted carefully to make choices about their health care.

There is clearly a need to develop consumer/family friendly surveys and providing easy presentations of data received from objective and subjective data. We are not there yet for providing the type of information that is useful for making decisions about health care choices and providing unbiased useful information to correct problems that exist within the current system.

## Information and Resources

Consumer Council Newsletters are available on line at  
[www.mentalhealth.med.va.gov/cc](http://www.mentalhealth.med.va.gov/cc)

Older Adult Consumer Mental Health Alliance at  
<http://www.oacmha.com/>

Recovering Your Mental Health-a set of 7 self help booklets can be obtained for free at: [www.samhsa.gov](http://www.samhsa.gov) or call 1-800-789-2647

- Building Self Esteem
- Action Planning for Prevention and Recovery
- Dealing with the Effects of Trauma
- Speaking out for Yourself
- Developing a Recovery and Wellness Lifestyle
- Making and Keeping Friends